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State Health Advisory
Updated Guidance for Coronavirus Disease 2019 (COVID-19)
Coronavirus Disease 2019 Advisory #11
Wyoming Department of Health
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SITUATION SUMMARY

As of Monday, June 22, 2020, there are 974 reported laboratory-confirmed and 256 probable COVID-19 cases in Wyoming in 23 counties and the Wind River Reservation. There have been 20 COVID-19-associated deaths. Community transmission and outbreaks are occurring in multiple locations. Providers should manage any persons with acute febrile or respiratory illness that cannot be attributed to other causes as being potentially infected with SARS-CoV-2. Updated epidemiologic and testing information can be found here: Coronavirus Disease 2019 (COVID-19)

COVID-19 TESTING

Provider Testing Recommendations

- WDH recommends that providers test all patients with symptoms consistent with COVID-19 for SARS-CoV-2 infection with an authorized nucleic acid detection assay. Symptoms of COVID-19 are found on CDC's website: Symptoms of Coronavirus. Authorized diagnostic assays can be found on FDA's website: Coronavirus Disease 2019 (COVID-19) Emergency Use Authorizations for Medical Devices
- All close contacts of persons with SARS-CoV-2 infection should be tested as soon as possible, regardless of symptoms. Contacts who are asymptomatic when first tested may need to be tested again if they develop symptoms. Contacts with negative results must still remain in quarantine for the full 14 days.
- All neonates born to women with COVID-19 should be tested, regardless of whether there are signs of infection in the neonate.
- Serologic assays should not be used as the sole basis for diagnosis of acute infection and are not approved by the FDA for diagnostic purposes. Serologic tests cannot be used to determine if a person is immune. Serologic tests cannot be used to make decisions about grouping persons residing in or being admitted to congregate settings, about returning persons to the workplace, or to change clinical practice or use of personal protective equipment (PPE). Symptomatic individuals should receive a molecular test to determine if they are currently infected with SARS-CoV-2.
- Detailed testing guidance from the Infectious Diseases Society of America (IDSA) can be found at this link: Infectious Diseases Society of America Guidelines on the Diagnosis of COVID-19

Testing at the Wyoming Public Health Laboratory (WPHL)

The WPHL will accept all samples from symptomatic patients, close contacts of persons with SARS-CoV-2 infection, neonates born to women with COVID-19, and post-mortem swabs from individuals suspected to have COVID-19. In addition, WPHL will accept samples collected through epidemiological investigations in congregate and other high-risk settings. WPHL

continues to recommend that providers send samples from patients who test negative on the Abbott ID Now platform to WPHL for testing. Note that a sample used on the Abbott platform cannot be sent to WPHL; a second nasopharyngeal swab must be collected, placed in viral transport media, and be submitted to the WPHL.

Testing Procedures at the WPHL

Clinicians should take the following steps to submit samples:

1. Fill out the WDH COVID-19 sample submission form at this link: https://is.gd/wdh_covid19. This is a secure, HIPAA-compliant system. **Once filled out, the information should be printed out and included with the shipped samples. Be sure to "submit" the form after printing. Samples will not be tested if the form is not completed and sent with the specimen to the WPHL.**

2. Clinicians should collect only one nasopharyngeal (NP) swab. Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts. Please ensure the swab you are using is appropriate for NP samples. Place the swab immediately into a sterile tube containing 1-3 mL of viral transport media. Specimens that will arrive within 72 hours of collection should be refrigerated at 2-8°C and shipped to the WPHL with sufficient ice packs to keep the specimen cold until it arrives. If 72 hours or more will elapse between specimen collection and arrival at the WPHL, samples should be frozen at -70°C or below and shipped on enough dry ice to ensure samples arrive frozen. Do not place dry ice in the orange-top shipping canisters.

3. Specimen tubes should be labeled with the patient name, date of birth, sample type, date of sample collection, and patient medical record number (MRN). Patient name, date of birth, and MRN need to match exactly the patient name, date of birth, and MRN on the online form submitted to WDH to avoid delays.

4. Specimens should be shipped overnight to the WPHL at 208 S. College Dr., Cheyenne, WY, 82007. The WPHL provides FedEx labels for shipments going to WPHL as priority overnight; labels can be requested at this link: https://health.wyo.gov/publichealth/lab/. In areas where FedEx is not an option, you may print a UPS label by logging into UPS (www.ups.com; username: ClientWPHL, password: Bluebird208) and creating a shipment. Specimens must be shipped as a Category B (Biological Substance) shipment. Long-term care facilities shipping as a coordinated effort to National Jewish Health can request a FedEx label at: **https://tinyurl.com/WYLTCF**.

   Laboratory personnel at healthcare facilities should be familiar with how to properly package and label a Category B shipment. If assistance is required, please contact the WPHL at 307-777-7431.

   ***Samples shipped on Friday cannot be shipped using the labels available on the WPHL website. These samples need to be shipped via FedEx Priority Overnight Shipping and clearly marked Saturday Delivery on the FedEx label request. Please email WPHL@wyo.gov to obtain a Saturday delivery label, and include your name, address, package type, weight, and whether the package includes dry ice in the**

email.* Samples collected on Saturday should be shipped on Sunday to arrive at the WPHL on Monday, or sent to the WPHL using the WYDOT courier system (see below).

5. On Saturdays, Sundays, and Mondays, WYDOT is picking up samples from locations across the state and driving them to Cheyenne. Sample pick-up will occur once per day. Pick up times and locations have been shared with hospitals and are posted to the WPHL website (Public Health Laboratory).

The WPHL will continue to distribute sample collection kits containing swabs and viral transport media through county and tribal health offices.

The WPHL will provide shipping orange-top infectious disease canisters, FedEx Lab Paks, and ice packs that can be used for shipping. These supplies should only be used for shipping specimens to WPHL. To request these, please complete WPHL's Supply Order Form. Mark "Others", specify what you need sent, and follow the submission instructions. Guidance for collecting and shipping laboratory samples can also be found here: WPHL. For additional questions about COVID-19 testing procedures, please contact the WPHL at 307-777-7431.

Test Results
All WPHL test reports will be delivered by fax to the fax number provided in the WDH REDCap COVID-19 sample submission form. WDH will not report back negative results to patients on behalf of providers. If your facility needs results on a specimen you submitted, please email wdh-covid-results@wyo.gov. Please make sure your email includes enough identifying information on your patient and on the requester so we can comply with HIPAA.

REPORTING PERSONS WITH SUSPECTED OR CONFIRMED COVID-19 TO WDH

The WDH receives positive test results directly from WPHL. **Providers and laboratories must report positive laboratory tests from commercial reference laboratories to WDH by faxing copies of the laboratory report form to 307-777-5573.** Providers should also report persons who are part of a cluster of 3 or more possible or confirmed cases in a residential congregate setting that serves more vulnerable populations such as a long term care facility, assisted living facility, group home, homeless shelter, or correctional settings.

The WDH is utilizing the following case definitions for COVID-19 patients:

- Confirmed- a patient with detection of SARS-CoV-2 in a clinical specimen using a molecular amplification detection test
- Probable- a person with illness consistent with COVID-19 and close contact to a laboratory-confirmed case of COVID-19 OR a person with illness consistent with COVID-19 and close contact to another person who has both illness consistent with COVID-19 and close contact to a laboratory-confirmed case of COVID-19

CLINICAL MANAGEMENT

Clinical management guidance is available from the CDC (Management of Patients with Confirmed 2019-nCoV), the NIH (Coronavirus Disease 2019 (COVID-19) Treatment Guidelines), and the IDSA (Infectious Diseases Society of America Guidelines on the Treatment

and Management of Patients with COVID-19). CDC's Clinical Outreach and Communication Activity (COCA) calls and webinars offer the most up to date information and guidance for clinicians. COCA calls can be accessed at Calls/Webinars | Clinician Outreach and Communication Activity (COCA). The Wyoming Medical Society website contains clinical resources from the University of Washington, including treatment guidelines and algorithms: COVID-19.

Remdesivir

Remdesivir is an intravenous antiviral drug that has received an Emergency Use Authorization (EUA) from the Food and Drug Administration (FDA) for the treatment of suspected or laboratory-confirmed coronavirus disease 2019 (COVID-19) among adults and children hospitalized with severe disease. Severe disease is defined as patients with an oxygen saturation (SpO2) ≤ 94% on room air or requiring supplemental oxygen or requiring mechanical ventilation or requiring extracorporeal membrane oxygenation (ECMO). The EUA for Remdesivir can be found here: remdesivir EUA Letter of Authorization. The FDA's Fact Sheet for Health Care Providers can be found here: Fact Sheet for Health Care Providers, EUA of Remdesivir for COVID-19.

WDH has received supplies of Remdesivir that are available for use among patients in Wyoming who meet the FDA criteria. Limited supplies of Remdesivir have been distributed to hospitals that indicated to WDH that they would likely use the medication. WDH has additional stocks of Remdesivir that can be deployed as needed.

Providers at hospitals who have received a stock of Remdesivir should notify WDH when they are using the medication. Please notify WDH by faxing the patient's name, date of birth, date of admission, and expected dosing to our secure fax line at 307-777-7753. This information will allow us to track the available stock of Remdesivir in Wyoming and patient outcomes. This notification will also allow WDH to contact the provider or facility to determine whether more medication is needed at the site.

Providers at facilities without a stock of Remdesivir can request a course of the medication by calling WDH's 24/7 Public Health Emergency Line at 1-888-996-9104. The provider will be asked a series of questions to ensure the patient meets criteria for treatment with Remdesivir. WDH will then supply the hospital with the requested course. The WDH will make every effort to deliver the requested course within 12 hours of the request.

Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19)

Clinicians in the United Kingdom and the United States have reported an increase of previously healthy children presenting with a severe inflammatory syndrome with Kawasaki disease-like features. The cases occurred in children who had tested positive for current or recent COVID-19 infection, based on reverse-transcriptase polymerase chain reaction (RT-PCR) or serologic assay. The patients presented with a persistent fever and a constellation of symptoms including hypotension, multiorgan involvement (e.g., cardiac, gastrointestinal, renal, hematologic, dermatologic and neurologic), and elevated inflammatory markers. Respiratory symptoms were not present in all cases. It is currently unknown if multisystem inflammatory syndrome is

specific to children or if it also occurs in adults. There is limited information currently available about risk factors, pathogenesis, clinical course, and treatment for MIS-C. The Centers for Disease Control and Prevention (CDC) and the Wyoming Department of Health (WDH) are requesting that healthcare providers report suspected cases to better characterize this newly recognized condition in the pediatric population.

Reporting

Healthcare providers who have cared for or are caring for patients younger than 21 years of age who meet the MIS-C case definition (below) should report suspected cases to WDH by completing the Wyoming Department of Health Confidential Disease Report Form and faxing it to our secure fax line at 307-777-7753. The form can be found here: https://health.wyo.gov/wp-content/uploads/2016/04/22-12940_FillinDiseaseReportForm_2012.pdf.

Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C. MIS-C should be considered in any pediatric death with evidence of SARS-CoV-2 infection

Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C)

- An individual aged <21 years presenting with fever[1] , laboratory evidence of inflammation[2] , and evidence of clinically severe illness requiring hospitalization, with multisystem (>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); AND
- No alternative plausible diagnoses; AND
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the four weeks prior to the onset of symptoms

1. Fever >38.0°C or >100.4°F for ≥24 hours, or report of subjective fever lasting ≥24 hours
2. Including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin

For more information on MIS-C, please refer to CDC's Health Advisory (HAN Archive - 00432 | Health Alert Network (HAN)) and CDC's website (Information for Healthcare Providers about Multisystem Inflammatory Syndrome in Children (MIS-C)).

CONTROL MEASURES (ISOLATION/QUARANTINE)

Outpatients With COVID-19 Symptoms Who Are Not Tested

Outpatients with symptoms compatible with COVID-19 who are not tested should be instructed by providers to isolate themselves until at least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), AND at least 10 days have passed *since symptoms first appeared*. Household contacts of these patients should be asked to limit their public activities as much as possible for 14 days after incorporating precautions in the home, to monitor for symptoms, and to isolate themselves should symptoms develop. If household

contacts are required to go to work, they should be asked to monitor their symptoms at least daily and to leave work immediately if symptoms develop.

Outpatients With Confirmed COVID-19
Outpatients who are tested for COVID-19 should be instructed to self-isolate until test results are obtained.

WDH or local health departments will contact patients with confirmed COVID-19 to conduct an interview, identify close contacts, and to provide isolation recommendations.

Persons who are not hospitalized, **are symptomatic**, and have a SARS-CoV-2 positive result, will be instructed to isolate themselves in a private residence until at least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), AND at least 10 days have passed *since symptoms first appeared*. Household and close contacts of symptomatic patients identified by WDH or local health departments will be asked to strictly quarantine themselves for 14 days since last contact with the symptomatic patient or 14 days after incorporating precautions within the home.

Persons who are not hospitalized, **are asymptomatic**, and have a SARS-CoV-2 positive result, will be instructed to isolate themselves in a private residence until at least 10 days have passed since the date of their first positive COVID-19 diagnostic test if they have had no subsequent illness. For 3 days following discontinuation of isolation, they should continue to limit contact (stay 6 feet away from others) and limit the potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other people are present. In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask. Household and close contacts of asymptomatic patients identified by WDH or local health departments will be asked to strictly quarantine themselves for 14 days since last contact with the asymptomatic patient or 14 days after incorporating precautions within the home.

Guidance for preventing the spread of COVID-19 in homes can be found here: Preventing 2019-nCoV from Spreading to Others

CDC's guidance for discontinuation of home isolation for persons with COVID-19 can be found here: Disposition of Non-Hospitalized Patients with COVID-19 | CDC

Hospitalized Patients With Confirmed COVID-19
Providers should follow CDC's Interim Infection and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Patients with COVID-19 can be discharged from healthcare facilities when clinically indicated. Meeting criteria for discontinuation of transmission-based precautions is not a prerequisite for discharge in most circumstances. Patients still on transmission-based precautions being discharged to home should continue to self-isolate in the home until symptoms resolve, as

defined for outpatients. However, special considerations should be taken when discharging patients to a long term care facility or other communal setting, as described below.

CDC states that a test-based strategy is the preferred strategy to determine when transmission-based precautions should be discontinued in hospitalized and severely immunocompromised patients. CDC's recommended test-based strategy involves obtaining negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least 2 consecutive nasal swabs collected ≥ 24 hours apart from COVID-19 patients with fever resolution and improvement in respiratory symptoms.

Because of the substantial morbidity and mortality that could result from the spread of COVID-19 in long term care or assisted living facilities, WDH recommends that a test-based strategy involving obtaining at least 2 negative nasal swabs collected ≥ 24 hours apart be used whenever possible when discharging COVID-19 patients to these facilities, if the receiving facility may not be able to implement appropriate infection control procedures. Serial testing of individuals will still require a unique WDH REDCap submission.

CDC's guidance for discontinuation of transmission-based precautions among hospitalized patients can be found here: Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

Healthcare Workers

With community transmission occurring in Wyoming, all healthcare workers may be at some risk for exposure to SARS-CoV-2, whether in the workplace or in the community. Therefore, the WDH is asking ALL healthcare workers, regardless of whether they have had a known SARS-CoV-2 exposure, to monitor their health. If healthcare workers develop any signs or symptoms consistent with COVID-19 (for healthcare workers, fever cutoff is 100.0°F), they should NOT report to work. If any signs or symptoms occur while working, healthcare workers should immediately leave the patient care area, inform their supervisor per facility protocol, and isolate themselves from other people.

Healthcare workers who are self-isolating because of a COVID-19 diagnosis or who were not tested for COVID-19 but self-isolating because of a respiratory illness should follow the same guidance as for other outpatients to determine when they can discontinue their isolation. Healthcare workers should remain in isolation until at least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), AND at least 10 days have passed *since symptoms first appeared*. Healthcare providers who are asymptomatic but have laboratory-confirmed SARS-CoV-2 infection should isolate themselves until at least 10 days have passed since the date of their first positive COVID-19 diagnostic test if they have had no subsequent illness. Healthcare facility occupational health may recommend longer durations of isolation.

Healthcare workers with potential exposure to COVID-19 in a healthcare setting should be assessed and given monitoring and work restriction recommendations according to CDC guidance: Interim US Guidance for Risk Assessment and Public Health Management of

Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) | CDC. If removal of healthcare workers from the workforce would result in discontinuation of patient care services, healthcare facility occupational health should consider allowing potentially exposed healthcare workers to continue to work. In this situation, healthcare workers should limit their movement and public activities except to go between home and work, should wear at minimum a facemask and gloves when performing patient care, and should undergo at least daily monitoring for fever or respiratory symptoms.

Close Contacts of Laboratory-Confirmed COVID-19 Cases

Close contact is defined as being within 6 feet of an individual with infectious SARS-CoV-2 for at least 10 minutes. Individuals who had close contact with symptomatic, laboratory-confirmed COVID-19 patients while they were symptomatic or in the 48 hours prior to symptom onset must quarantine for 14 days after their last contact with the infectious individual. Quarantine is also required for individuals with close contact with a person with asymptomatic COVID-19 infection during the 48 hours prior to specimen collection through the end of their isolation period. All close contacts should be tested for SARS-CoV-2 infection as soon as possible after their exposure has been identified. Contacts who are asymptomatic when first tested may need to be tested again if they develop symptoms. Contacts who test negative for SARS-CoV-2 infection must still quarantine for 14 days after their last exposure.

INFECTION PREVENTION AND CONTROL RECOMMENDATIONS

General Measures

CDC makes the following recommendations for healthcare facilities of all types to limit COVID-19 transmission:

- Screen and triage anyone entering a healthcare facility for signs and symptoms of COVID-19, including patients, visitors, and staff
- Screen admitted patients daily for signs and symptoms consistent with COVID-19
- Implement universal source control measures. Patients and visitors should wear cloth face coverings. Healthcare providers should wear face masks
- Encourage physical distancing whenever possible, including in waiting rooms, family meeting rooms, and common areas
- Consider limiting visitors to the facility to those essential for the patient's physical or emotional well-being
- Remind healthcare providers that the potential for SARS-CoV-2 transmission is not limited to direct patient care interactions, but can occur in common areas and break rooms. Physical distancing and source control measures should be applied in non-patient care areas.
- Healthcare providers working in facilities located in areas with moderate to substantial community transmission should consider the universal use of personal protective equipment. This includes eye protection at all times in addition to the facemask, and wearing an N95 respirator or equivalent during aerosol-generating procedures and surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, and respiratory tract).

- For healthcare providers working in areas with minimal to no community transmission, universal eye protection and respirator recommendations are optional.

Caring for Suspected or Confirmed SARS-CoV-2 Patients
The following PPE is recommended for providers caring for a patient with suspected or confirmed COVID-19:

- N95 respirators are recommended; facemasks are an acceptable alternative if N95 respirators are unavailable or in short supply. N95 respirators should be worn instead of a facemask when performing or present for an aerosol-generating procedure
- Eye protection (goggles or disposable face shield that covers the front and side of the face)
- Gloves
- Isolation gown

Collection of Diagnostic Respiratory Specimens
Specimen collection should be performed in a normal examination room with the door closed. Healthcare providers in the room should wear an N95 or equivalent, eye protection, gloves, and a gown. A facemask is an acceptable alternative to an N95 respirator if N95 respirators are unavailable or in short supply.

Hospitalized Patients
Admitted patients with suspected or confirmed SARS-CoV-2 infection should be placed in a single-person room with the door closed. The patient should have a dedicated bathroom. Airborne Infection Isolation Rooms should be prioritized for patients who will be undergoing aerosol-generating procedures. Limit transport of the patient outside of the room to medically essential purposes. Patients should wear a facemask or cloth face covering to contain secretions during transport. If patients cannot tolerate a facemask or cloth face covering or one is not available, they should use tissues to cover their mouth and nose while out of their room.

Long Term Care Facilities
Infection control and prevention is critical in long term care facilities because of their vulnerable resident population. Guidelines for long-term care facilities to prevent and control COVID-19 are available from CDC (Preparing for COVID-19 in Long Term Care Facilities). In order to proactively detect COVID-19 cases among staff or members of long-term care facilities, WDH is conducting surveillance testing in nursing homes and assisted living facilities. Facilities without active cases or outbreaks will test 20% of staff and residents every two weeks. Facilities with active cases or outbreaks will test 100% of staff and residents every week until it is determined that transmission has not or is no longer occurring.

Long-Term Care Facilities should follow WDH guidance for limiting visitation and communal activities. Limited outdoor visitation is permissible under certain conditions. Detailed guidance has been sent to all licensed nursing homes and assisted living facilities in the state.

More detailed recommendations for Infection Prevention and Control can be found here: Infection Control: COVID-19. Preparedness checklists for healthcare professionals and hospitals can be found here: Resources for Healthcare Professionals with COVID-19 Patients

CONTACT INFORMATION

Wyoming healthcare providers and facilities are reminded to check COVID-19 resources available from WDH and CDC. Healthcare providers or facilities can contact WDH through the following channels:

- Please email questions about preparedness, PPE, infection control, or other non-urgent topics to wdh.covid19@wyo.gov. This email address is monitored 7 days a week and replies will come within 24 hours.
- Please contact WPHL with questions about specimen collection, storage, or shipping at 307-777-7431 or WPHL@wyo.gov.
- **Please use the WDH Public Health Emergency Line (1-888-996-9104) for urgent questions about a specific patient, healthcare personnel exposure, Remdesivir requests, or other urgent matter. This line is intended ONLY for healthcare providers. Do not share this number with the public.**

Please refer questions from the general public to 211 or to the WDH email box (wdh.covid19@wyo.gov**).**